



Franklin County Coroner's Office

Dr. Jan M. Gorniak

520 King Ave.

Columbus, Ohio 43201-2632

(614) 525-5290 Fax (614) 525-6002

www.franklincountyohiocoroner.com

THE STATE OF OHIO,

SS.

FRANKLIN COUNTY

Case No: LAB-13-2248

Be it remembered, that on the 3rd day of September, 2013 information was given to me, Jan M. Gorniak D.O., Coroner of said County, that the dead body of a man supposed to have come to his death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent good health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found at The Ohio State University Medical Center, 410 West 10th Avenue in Columbus of Franklin County, on the 3rd day of September, 2013. Jan M. Gorniak D.O. carefully examined the said dead body at 0345 hours on the 4th day of September, 2013 and I find as follows: to wit:

I, Jan M. Gorniak D.O., Coroner of said County, having diligently inquired, do true presentment make in what manner Ariel Castro, whose body was at the Coroner's Office on the 4th day of September, 2013 came to his death. The said Ariel Castro was never married, 53 years of age, a resident of Cleveland, OH, was of the white race, and had brown eyes, brown-gray hair, beard and moustache and was 67 inches in length, and weighed 168 pounds.

Upon full inquiry based on all the known facts, I find that the said Ariel Castro came to his death officially on the 3rd day of September, 2013 at The Ohio State University Medical Center, 410 West 10th Avenue, Columbus, Franklin County, OH and was officially pronounced dead at 2252 hours by Dr. Eric Adkins. There is information that on September 3, 2013, Mr. Castro was found unresponsive, by corrections officers, hanging in his jail cell at Correctional Reception Center, 11271 St Rt 762, Orient OH. It was reported that cardiopulmonary resuscitation was conducted by corrections medical staff. Med Care emergency medical services responded and transported him to the aforementioned hospital emergency department. The Coroner's office was notified and investigator Amanda Alvarez responded to the scene. Trax Management was dispatched. This man was then transported to the Coroner's office where an autopsy was performed. The death in this case was the end result of hanging and was suicidal in nature.

Cause of Death: Hanging

Other Condition(s):

Manner of Death: Suicide

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10/02/2013

Jan M. Gorniak D.O.

Franklin County Coroner



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Coroner's Report: Finding of Facts and Verdict

In compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Findings of Fact and Verdict are supplied.

Case No: LAB-13-2248

Last name First Middle			Date of Death		Time of Death		Pronounced By	
Castro, Ariel			09-03-2013		2252 hrs		Dr. Eric Adkins	
Decedent's Address (Number and Street)								
2207 Seymour Avenue								
City			State			Zip		
Cleveland			OH			44102		
Date of Birth	Age	Gender	Race	Height	Weight	Hair Color	Eye Color	
07-10-1960	53 years	M	White	67	168	Brown-gray	Brown	
Facility or Address of Death						Place of Death		
The Ohio State University Medical Center, 410 West 10th Avenue						Hospital		
City			State			Zip		
Columbus			OH			43201		
Next of Kin			Phone			Relationship		
Anthony Castro			614-357-3594			Son		
Next of Kin Address								
P.O. Box 21601								
City			State			Zip		
Columbus			OH			43221		
Funeral Home				Phone				
Ohio Cremation Society				614-840-0900				

This is to certify that this is a true
and exact copy of the original document

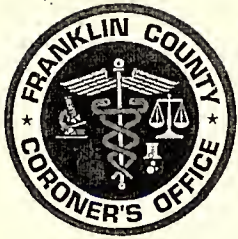
Decedent Castro, Ariel	Case Number LAB-13-2248	Page 2
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CAUSE AND MANNER OF DEATH

Immediate Cause Hanging			
Other Significant Conditions			
Manner Suicide	Autopsy Yes	Date Examined 09-04-2013	Time Examined 0345 hrs
Name, Title and Address of Person Who Completed Cause of Death Jan M. Gorniak D.O. 520 King Avenue Columbus, OH 43201			

Investigating Agency Ohio State Highway Patrol - Ashville	Phone 740-983-2538
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Date of Injury 09/03/2013	Time of Injury unknown	Place of Injury Jail/prison	Injury at Work?
How Injury Occured hanging			
Injury Address (Street, City, State, Zip) Correctional Reception Center, 11271 St Rt 762, Orient OH			



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Autopsy Report

Case Number:	LAB-13-2248
Name, gender, age:	Ariel Castro, Male, 53 years
Date and time pronounced:	September 3, 2013 @ 2252 hours
Date and time of autopsy:	September 4, 2013 @ 0345 hours
Examination performed by:	Jan Gorniak, D.O., Forensic Pathologist

FINDINGS AND DIAGNOSES

- 1) Hanging
 - a) Abrasions of the chin and left neck
- 2) Coronary artery atherosclerosis, mild
- 3) Probable cortical adenoma, left adrenal gland
- 4) Therapeutic intervention
 - a) Oral endotracheal tube
 - b) Cervical collar
 - c) Intravenous line

Cause of death: Hanging

Manner of death: Suicide

POSTMORTEM EXAMINATION

An autopsy is performed upon the deceased body later identified as Ariel Castro at the Franklin County Morgue on September 4, 2013. The autopsy is performed by Jan Marie Gorniak, D.O., and begins at approximately 0345 hours.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished white male, compatible with the reported age of 53 years. The body measures 67 inches in length and weighs 168 pounds. Rigor mortis is mild. Lividity is posterior. The body temperature is retained.

The scalp is covered with average length, brown-gray hair with bitemporal and vertex balding. The face is unshaven with a brown-gray beard and moustache. The conjunctivae are pale, the corneas are clear, and the irides are brown. There is no icterus. The pupils are round, equal, and symmetrical. The right earlobe has a single

pierced hole, otherwise the ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are natural and in good repair.

The neck is straight and the trachea is midline. The chest is symmetrical. A 1 x 3/4 inch cross is noted in blue ink on the left chest. The abdomen is flat. The distribution of the pubic hair is normal. The external genitalia are not remarkable, and there are no external lesions. The testes are descended. The back, buttocks, and anus are unremarkable.

The upper and lower extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal texture and presents no significant lesions. Patterned depressions are noted involving the wrists, consistent with handcuffs. An area of multiple hyperpigmented flat lesions, 6 1/2 x 5 inches, are noted on the right posterior medial lower leg.

SCARS AND IDENTIFYING MARKS:

Tattoos:

1. 5-1/4 x 1-1/4 inch black design left lateral upper mid arm.

Scars:

1. 1 x 3/4 inch circular, well-healed scar left lateral upper arm.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. Oral endotracheal tube.
2. Cervical collar.
3. Intravenous line, left antecubital fossa.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

- a. 1 inch x 1/2 inch abrasion is noted involving the inferior chin. It is located 10-1/2 inches from the top of the head. A 2 x 1 inch abrasion is noted involving the left anterior-lateral neck. It is located 9-1/2 inches from the top of the head. The hyoid bone is intact. The larynx, prevertebral fascia, cervical vertebrae, and soft tissues are unremarkable. Probable bite marks are noted on the bilateral anterior-lateral aspects and right posterior aspect of the tongue.
- b. 1/2 x 3/8 inch red-abrasion, bridge of nose.

These injuries, having been described once, will not be repeated.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The normal relationships among trachea, lungs and mediastinum are preserved. The lungs are normally expanded; the parietal pleural surfaces are smooth, glistening, transparent, and without adhesions. The diaphragm is within normal limits. The thickness of the abdominal wall fat is a maximum of 1-3/4 inches. The peritoneum is smooth, glistening, transparent, and without adhesions. All viscera are in their proper relationship and no abnormal masses are seen or palpated.

BODY CAVITIES: The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities.

Heart - 380 grams

Right lung - 420 grams

Left lung - 330 grams

Spleen - 280 grams

Liver - 1820 grams

Right kidney - 130 grams

Left kidney - 130 grams

Brain - 1400 grams

HEAD AND CENTRAL NERVOUS SYSTEM: The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents with normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcine, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show mild atherosclerosis. No congenital anomalies are noted. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

Serial cross sections through a small portion of the cervical spinal cord show no gross abnormalities.

NECK: The neck organs are excised en bloc and examined separately. The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined with intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change.

RESPIRATORY: The major bronchi have a normal caliber and are free of obstruction. The visceral pleurae are smooth, glistening, and transparent. Both lungs have normal lobulations; they are gray-pink and mottled with black pigment. On palpation, they are uniformly subcrepitant with no areas of consolidation. The pulmonary parenchyma is unremarkable. The pulmonary vascular tree is free of thromboemboli.

CARDIOVASCULAR: The heart is contained in an unremarkable pericardial sac. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The coronary arteries have a normal anatomic distribution, and multiple cross sections show no significant narrowing of lumina and no evidence of thrombosis. There is evidence of mild calcific atherosclerosis involving the right coronary and left anterior descending arteries. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 1.0 centimeters and 0.2 centimeters thick, respectively. The endocardium is smooth and glistening. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve dimensions are as follows: tricuspid valve, 12.6 centimeters; pulmonic valve, 8.5 centimeters; mitral valve, 11.5 centimeters; and aortic valve, 9.1 centimeters.

The aorta gives rise to three intact and patent arch vessels. Its principal branches are patent throughout. The splenic artery is dilated and tortuous. There is evidence of mild calcific atherosclerosis, primarily in the infrarenal region. There are no thrombi, areas of erosion, or zones of significant narrowing present. The renal and mesenteric vessels are unremarkable.

The superior and inferior venae cavae and their major tributaries are patent throughout. No significant areas of extrinsic or intrinsic stenosis are present.

HEPATOBIILIARY:

Liver: The liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested with the usual lobular architecture. No mass lesions or other abnormalities are seen.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosal surface is green and velvety. The gallbladder contains approximately 30 milliliters of green-black bile. No calculi are present. The extrahepatic biliary tree is patent.

RETICULOENDOTHELIAL: The spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and is of normal consistency and appearance. No abnormal lymph nodes are encountered. Bone marrow, where exposed by the autopsy procedure, is unremarkable.

ENDOCRINE SYSTEM:

Pancreas: The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

Adrenals: The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. A well-circumscribed yellow mass, 2.2 x 2.0 x 1.7 centimeters; is noted involving the left adrenal gland. No areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

Kidneys: The renal capsules strip with ease revealing smooth, glistening, pink-red surfaces. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp comedullary junctions. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are normal in course and caliber.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. The muscular layer of the bladder wall is of normal thickness. It contains approximately 10 milliliters of urine.

Prostate and seminal vesicles: The prostate is normal in size, with spongy, yellow-tan parenchyma. The seminal vesicles are unremarkable.

Testes: The testes are free of mass lesions, contusions, or other abnormalities. Hydroceles are noted bilaterally.

DIGESTIVE SYSTEM:

The esophagus is patent and lined with smooth, gray-white mucosa. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 40 milliliters of brown, watery fluid with partially digested unidentifiable food stuff. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present and is unremarkable.

MUSCULOSKELETAL SYSTEM:

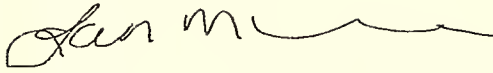
The axial and appendicular skeleton shows no abnormalities. The exposed musculature is unremarkable.

ADDITIONAL PROCEDURES:

- " Documentary photographs are taken.
- " Specimens retained for toxicologic testing: vitreous, blood, urine, gastric contents, liver, brain

MICROSCOPIC EXAMINATION:

Gross examination of all major organs shows no pathologic alterations. Representative portions of all major organs are retained in formalin. These tissues are available for the examination of microscopic slides as a further aid to diagnosis, should this become necessary at a future time. At this time, no microscopic slides are prepared.

A handwritten signature in black ink, appearing to read "Jan M.", written over a horizontal line.

10/01/2013

Jan Gorniak, D.O., Coroner
Forensic Pathologist



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Dr. Jan M. Gorniak

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Toxicology Report

Division of Toxicology

Calvin McGuire, Chief Toxicologist

Ariel Castro

Case # LAB-13-2248

Date report completed: September 26, 2013

A comprehensive analysis has been performed and the following agents were detected.

Postmortem Blood:

Gray Top Femoral

Ethanol

Not Detected

No Drugs Detected

Vitreous:

Vitreous

Creatinine

1.0 mg/dL

Urea Nitrogen

14 mg/dL

Lactate

11.4 mmol/L

Glucose

86 mg/dL

Magnesium

0.72 mmol/L

Cadmium

1.6 mmol/L

Chloride

143 mmol/L

Potassium

6.5 mmol/L

Sodium

148 mmol/L

Postmortem Urine:

Urine

No Drugs Detected

Calvin McGuire

This report has been validated as accurate and complete by _____

Calvin McGuire B.S.

S - Sub Therapeutic	XL - Toxic to Lethal
T - Therapeutic	L - Lethal
TH - High Therapeutic	P - Palliative
X - Toxic	